



South Carolina Department of Labor, Licensing and Regulation
Residential Builders Commission
110 Centerview Drive • PO Box 11329 • Columbia, SC, 29211-1329
Phone: 803-896-4696 • Fax: 803-896-4814 • www.llronline.com



Reinstatement Application Residential Electrical/Plumbing/HVAC Specialty License

Credential Number:

Fee: 210.00 (if license has been expired less than 12 months)

Name:

Social Security Number:

Mailing Address:

Fee: 260.00 (if license has been expired 12 months or more)

City:

State:

Zip code:

Phone Number:

Email address:

Please write your **License Number** on your check; make check payable to **SCRBC** and return it with this form to the address listed above. We gladly accept your checks. When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid.

Indicate any company name, address change below. (Please Print)

Business Name:

Address:

City:

State:

Zip:

Please answer the following questions. If your answer to any questions is yes, please explain on a separate sheet of paper. Return it with your reinstatement application, include any supporting documentation. Any questions left blank will result in the application being returned.

- | Yes | No | Reinstatement Questions: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Since your last application, have you been denied a license as a home builder, specialty contractor or general contractor in this state or any other state? |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Since your last application have you been arrested, indicted, convicted, pled guilty or nolo contendere for violation of any federal, state, or local law (other than minor traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Have there been any judgments, liens or claims filed against you or any business with which you have been associated with in the past 5 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Is any complaint pending, under investigation, or has any action been taken against your license in any jurisdiction? |

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and

organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

SIGNATURE:

I certify that all statements herein are true to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application and the institution of appropriate civil and criminal proceedings.

Signature of Applicant

Date

Sworn and Subscribed before me this ____ day of _____, 20____.

NOTARY SIGNATURE

My Commission Expires_____

Notes:

1. **For surety bond:** must be a typed **original** (no handwritten, copies or facsimiles), in the builder’s name only, signed by the builder, in the amount of \$15,000.00 with power of attorney attached and the individual’s name listed as principal (not the company or business name).
2. It is the individual’s responsibility to notify this office, in writing of any name and/or address changes. Name changes require a copy of legal documentation (i.e., marriage license, divorce decree, court order).
3. Photocopy of secure and verifiable document listed on the next page is required.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION



**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY**

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

LICENSE BOND

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS that we

_____, as Principal, and
_____, a Surety Company authorized to do
business in the State of South Carolina, as Surety, its successors, assigns, and legal representatives are held and
firmly bound unto the South Carolina Residential Builders Commission, State of South Carolina and any
homeowner sustaining loss or damage within the terms of this bond for payment, as obligee in the sum of
_____ Thousand Dollars (\$____,000.00) lawful money of the United States of America. We bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bonded Principal has applied to the South Carolina Residential Builders Commission
pursuant to Section 40-59-10 *et seq.* of the 1976 Code of Laws of South Carolina, as amended (the Act), to be granted an
authorization to engage in residential construction as a:

_____ Residential Builder/Certificate of Authorization (\$15,000) _____ Licensed Residential Specialty
Contractor (HVAC, plumber, or electrician) (\$10,000) _____ Registered Residential Specialty Contractor (\$5,000);
and

WHEREAS, the above bonded Principal is required in Section 40-59-220 of the Act to furnish the Commission
with a good and sufficient surety bond as one method of complying with one of the conditions upon which the
authorization is granted.

NOW, THEREFORE, the condition of this bond is such that if the above bonded Principal shall in all respects
comply with the rules and regulations pertaining to the International Residential Code and Health and Safety requirements
in this state, then this obligation shall be void; otherwise it is to remain in full force and effect.

This bond is in full force and effect as to the above statutory and regulatory obligations of the Principal for the
license term of _____ through _____ unless renewed by continuation certificate; however,
the Surety shall have the right to cancel this bond at any time by filing written notice with the South Carolina Residential
Builders Commission of its intention to so cancel, giving at least thirty (30) days notice prior to the effective date of the
cancellation. This provision, however, shall not operate to relieve, release or discharge the Surety from any liability
already accrued or which shall accrue before the expiration of the thirty (30) day period.

Regardless of the number of years this bond may remain in force or the number of claims against this bond, the
liability of the Surety shall not be cumulative and the aggregate liability of the Surety for any and all claims, suits or
actions under this bond shall not exceed the sum of _____ Thousand Dollars (\$____,000.00) for any license year.

Claims may be initiated through authorization by the Commission which will validate the claim and determine the
amount of the loss or damages. No complaint may be maintained to enforce any liability on this bond unless brought
within eight (8) years after the event giving rise to the cause of action. No right of action shall accrue upon or by reason
of this bond to or for the use or benefit of anyone whatsoever other than the Commission or any homeowner sustaining
loss or damage within the terms of this bond for payment.

Witness our hands and seal this _____ day of _____, _____.

Name of Surety Company (Print)

By: _____
Signature of Surety (Attorney-in-Fact)

Revised 2/22/2012
Approved SCRBC 4/6/2012
Effective 4/6/2012

Name of Principal (Print)

By: _____
Signature of Principal